

Name

CITY OF CHICAGO 2022 STATEMENT OF FINANCIAL INTERESTS

To avoid a violation of the Governmental Ethics Ordinance and sanctions, including a \$250 per day fine until you file and having your name and violation being made public, you must return this form no later than the close of business Monday, May 2, 2022 to:

Board of Ethics, 740 N. Sedgwick, Suite 500, Chicago, IL 60654-8488

Please complete this form, sign it and then mail / deliver it to the Board of Ethics. We cannot accept Statements via e-mail or fax. Please complete this form, sign it and then mail / deliver it to the Board of Ethics. We cannot accept Statements via e-mail or fax. all 16 questions and sign your form before returning it. Board of If you need more room, please attach and label extra sheets. Terms with an asterisk (*) are defined on the instruction sheet. DEC 13 2022 + In questions 2-5 & 8, indicate the appropriate income, compensation or capital gain by writing in the appropriate category letter: A= \$25,000 or more B= \$5,000 - \$24,999 C= less than \$5,000 Received NOTE: for security reasons, filers in the Chicago Fire and Police Departments, OPSA, Inspector General's Office, Civilian Office Police Accountability, Office of Emergency Communications, or who are building, consumer protection or health inspectors need not disclose the address of business(es) organization(s) or property in questions 2 or 9; for question 9, however, they must list the number and types of properties owned, e.g.: "1 single-family house, 2 6-flats." Tohnson Last Name: City: Chicago State: TL Zip Code: 606 Address City Department/Agency: Title: 1. In 2021, were you employed by any governmental unit other than the City of Chicago? If YES, list the name of each governmental unit: In 2021, did you serve as an employee, officer, director, associate, partner, proprietor or in any advisory capacity for any professional, business or organization (other than your City employment or appointment) from which you received or derived income of more than If YES, for each organization provide the following information: (see note above) Name & Type of Your +Amount of Income Address Organization Position By Category 3. In 2021, did you receive compensation in excess of \$5,000.00 for professional*, business or other services rendered to a person* or entity doing business* with the City of Chicago, the Chicago Transit Authority, Chicago Board of Education, Chicago Park District, Chicago City Colleges, or Metropolitan Pier and Exposition Authority? Yes F If YES, provide the following for each person to which you provided services Nature of Governmental Unit with +Amount of Income Name Service Which Person Did Business By Category 4. In 2021, did your spouse or domestic partner* receive compensation in excess of \$5,000.00 for professional*, business or other services rendered to a person* or entity doing business* with the City of Chicago, the Chicago Transit Authority, Chicago Board of Education, Chicago Park District Chicago Yes No If YES, provide the following for each person to which Spouse/ Domestic Partner provided services; Nature of Governmental Unit with +Amount of Income Name Service Which Person Did Business By Category In 2021, did any entity in which you OR your spouse or domestic partner* have a financial interest* receive compensation in excess of \$5,000.00 for professional*, business or other services rendered to any person* or entity doing business* with the City of Chicago, the Chicago Transit Authority, Chicago Board of Education, Chicago Park District, Chicago City Colleges, or Metropolitan Pier and Exposition Authority? If YES, provide the following information about the entity in which you/spouse/domestic partner have a financial interest Name of Person to which Name Services were provided Nature of Governmental Unit with +Amount of Income Service Which Person Did Business By Category In 2021, did you have a financial interest* in any person* doing business* with the City? (Note: stock interests in publicly held corporations that represent less than ½ of 1% (.5%) of the company's outstanding stock, or demand deposits in financial institutions, or endowments, policies or annuities purchased from insurance companies, need not be disclosed.) Yes No If YES, provide the following for each person:

Title or Description of Position

Your held in This Person

| or annu | present less than | 1½ of 1% (.5%) of the | company's outstand | ting business* in Chica ling stock, or demand d disclosed) | leposits in financial | institutions, or endo | eld corporation wments, policie No |
|------------------------------|---|---|--|--|--|---|---|
| If YES, p | rovide the followin | g for each person: | | | | | |
| Name | | | | Type/Instrume of Ownership | nt | | |
| | | | | n the sale of any capit | | | |
| If YES, id | lentify the asset(s) | sold (including the add | | n of the real estale) and th | | | |
| idenimed | asset (see note a | top or term). | | | | +Amour By Cate | at of Income |
| forms of residence | f direct or indirect ce is in a multiple | ct ownership, such a e-unit or mixed-use b | s partnerships or tru uilding in which you l | n the City of Chicago, c sts whose corpus con have a financial interes | sists primarily of re it*, answer "yes" to | eal estate. (If your p this question.) | rincipal place o |
| | identify the real e escription: | estate by address (see | note at top of form for | or filers from certain dep | partments), including | g zip code, or, if there | is no address, |
| In 2021 | L did you receive | from any person? (| other than relatives * | dotit* | and an area office b | | and the land |
| of \$250 |).00? | ; irom any person- (c | ither than relatives - (| or a domestic partner*) | one or more gitts r | aving an aggregate Yes | No No |
| If YES, | identify the perso | n or persons from wh | om you received such | gifts: | | | |
| In 2021 | , did you receive | any improper gifts* | that you disposed of | in accordance with Sec | tion 2-156-144 of t | he Governmental Et | hics Ordfnance |
| ··· | | *************************************** | *************************************** | | | | |
| If YES, | identify the impro | per gift(s), the danar(| g if known, and metho | od of disposal as specific | ed in the ordinance | | |
| | | | | | | | |
| for ann | currently have a exation, zoning of | a financial interest* in or rezoning of real es | tate? | 2021 applied to the C | city of Chicago for a | a license or franchis | e, or any pem No |
| If YES, sought | list the name of to or the action requ | he person(s) in which lested); | you have financial inte | erest and describe the C | ity action requested | f (including the nature | of the applicat |
| Name | | | | Action Requested | | | |
| for the making contrac | City of Chicago of loans of the ted, if the loans | in 2021? (Do not in kind received by you are made at the prev | clude: (1) debt instr in accordance with vailing rate of interes | did the debtor, creditor uments issued by fina other terms and condi t; or (2) debt instrumer | ncial institutions w tions standard for s its issued by public | hose normal busine such loans at the tine by held comprations | ess includes the ne the debt was and purchase |
| | | | | neither owe nor am ow | ved more than \$5,0 | 000.00 | ☑ No |
| Name | provide the follow of Debtor, or or Guarantor | ing information: | | Is the Person a Debto Creditor or Guarantor | г. | Type of Debt | |
| | | ny board or commiss | ion (even if not a Cit | y board or commission | or not for comper | | No |
| | | | our position(s) on the (| | | | ٠٠٠ ريع. |
| | | | | | | | |
| Do you County | <u>currently</u> have a Clerk, or any otl | covered relative* wher unit of local gove | o is registered as a li | obbyist with the City's f f Illinois? | Board of Ethics, the | e Illinois Secretary of | |
| If YES, | name the lobbyis | t(s) and the lobbyist's | relationship to you: | | | | |
| Name | | | | Relationship | | | -/- |
| | | • | | ee or full- or part-owne | • | _ | |
| Name | (s) of | or domestic partner(s) | | ip to you, the city contractactor(s) | | eir position with the co | ntractor(s): |
| | onships | | | | | | |
| ef it is true | e and complete. | I understand that know | ingly filing a Statemen | erests, including any acco at containing false or misti ance with applicable rule | eading information of | r failing to file by dead | dline, can result i |
| Oval IIOIII | 7 B | Da la | ing discharge, in accord | ance with applicable rule | s, regulations, and ord | | Unicago. |

Signature and Date